

**CHRISTOPHER WAYNE LESTER
MADISON MEDICAL GROUP
RECORDS
14-H**

Joseph E. Fernandes, M.D.

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Date: April 29, 2003

Claimant: CHRISTOPHER W. LESTER
Claim No.: 2000046841
S.S.N.: [REDACTED] 3340
D.O.I.: 03/10/2000

apparently had been discharged from rehab program on the 18th of July, 96. Dr. Bachwitt's records reveal that the claimant had undergone Pain clinic treatment and received trigger point injections as well as lumbar epidural steroid injections. The claimant was also followed up by Dr. Atkins and Dr. Mark Synder. Dr. Bachwitt concluded in his IME that his permanent impairment to be 5% for the thoracic spine.

CI#: 2000046841/DOI: 03/10/00

The claimant was working as a truck driver for D&M Trucking Corporation. On the 10th of March, 2000 the claimant was standing on the fender of a coal truck when he fell sideways landing on the left shoulder and hitting his head against another vehicle. There was loss of consciousness.

The claimant was seen in Charleston General Hospital on the 10th of March, 2000. X-rays of the cervical spine did not show any abnormality. CT scan of the head did not show any acute changes. Thoracic spine x-rays showed T11 old compression fracture. Lumbar spine x-rays revealed no abnormality. X-ray of the pelvis, left ankle and left shoulder did not show any abnormality. He was admitted to the hospital with a diagnosis of closed head injury and cervical, thoracic and lumbar strain.

The claimant was seen in Charleston General Hospital again on the 13th of March, 2000 complaining of headaches and left shoulder pain. A repeat CT scan of the head did not show any abnormality.

On the 14th of March, 2000 the claimant was seen by Dr. Marsha Bailey. Dr. Bailey concluded that he suffered from closed head injury, cervical spine strain, left shoulder strain and chest wall contusion. Conservative treatment was prescribed. He was given a prescription for Flexeril, Ibuprofen and Darvocet N100.

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On the 15th of March, 2000 the claimant was seen by Dr. Phillips at the ENT Clinic. Dr. Phillips stated that the claimant did not have any fractures in relation to his temporal bones and there was no abnormality with reference to his ears.

On the 27th of March, 2000 the claimant was again followed up by Dr. Marsha Bailey. MRI of the left shoulder did not show any abnormality. The claimant was referred to physical therapy at Boone Memorial Hospital on the 3rd of April, 2000. Subsequently the claimant was followed up by Dr. Mark Synder in Madison and prescriptions for Vicodin, Flexeril and Motrin was given.

Additional medical records show that the claimant continued with physical therapy in Boone Memorial Hospital from 03/29/00 till 09/19/00.

The claimant was again seen by Dr. Mir on the 2nd of August, 2000. Dr. Mir concluded that the claimant had not reached maximum medical improvement. MRI of the cervical and lumbar spine were ordered as well as EMG studies of the lower extremities were ordered. Dr. Mir suggested a consult with Dr. Loimil and also a neurosurgical consult.

EMG of the upper extremities revealed no evidence of carpal tunnel syndrome or cervical radiculopathy. There was no peripheral radiculopathy. The claimant was followed up by Dr. Snyder.

On the 3rd of October, 2002 the claimant was evaluated by Dr. C. Amores, Neurosurgeon. MRI of the lumbar and cervical spine were essentially normal. The left and right AC joints were also normal. Dr. Amores concluded that the claimant suffered from musculoskeletal strain involving the cervical, thoracic and lumbar spine. There was no neurological deficit. Dr. Amores suggested non-surgical treatment for his neck and low back symptoms.

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The claimant was evaluated by Dr. Loimil on the 17th of October, 2000 who suggested a MRI of the left shoulder. The claimant did have MRI of the left shoulder sometime early part of 2000 which was normal.

On the 28th of February, 2001 the claimant was evaluated by Dr. Francis Saldanha at the Pain clinic and he received facet joint injections as well as trigger point injections for low back pain as well as neck pain.

MRI of the left shoulder done on the 30th of January, 2001 showed no evidence of rotator cuff tear.

On the 9th of April, 2001 the claimant was evaluated by Dr. Riaz, Psychiatrist who stated that the claimant suffered from major depressive disorder and anxiety disorder. He suggested continued psychiatric treatment with bi-weekly psychotherapy. Dr. Riaz also concluded that he is unable to sustain gainful employment at that time.

The claimant was evaluated by Dr. Mir on the 26th of June, 2001. The claimant was at that time attending the Pain clinic. Dr. Mir concluded that he had reached maximum medical improvement and that he was not totally disabled. Dr. Mir concluded his permanent impairment to be 20%.

On the 18th of September, 2001 the claimant was evaluated by Dr. John Justice who suggested that he had reached maximum medical improvement and his permanent impairment to be 10%.

Dr. Justice suggested referral to vocational rehab training and employment. Dr. Justice stated that the claimant did not have major mood disorder or psychiatric disorder or significant cognitive disorder.

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The claimant was seen in Saint Francis Hospital on the 1st of August, 2002 complaining of urinary incontinence. He was seen by Dr. Frederic Martinez. He suggested outpatient cystoscopy and ureal dynamic studies. MRI of the lumbar spine revealed L4-L5 degenerative disc. There was no evidence of herniated nucleus pulposus.

No other medical records were available for my review.

X-rays brought in by the claimant were reviewed by me. X-rays of the lumbar spine and cervical spine done on the 3rd of August, 2000 in Boone Memorial Hospital show minor degenerative changes. X-rays of the thoracic spine revealed minor degenerative changes and an old compression fracture T11 vertebra with less than 25% anterior loss of height. X-rays of the left shoulder, left ribs as well as right ribs do not show any abnormality.

X-ray of the left shoulder done in Boone Memorial Hospital on the 30th of August, 2000 does not show any abnormality.

MRI of the cervical spine done on the 12th of September, 2000 shows degenerative disc disease. The lumbar spine MRI shows degenerative disc disease with slight bulge at L4-L5. The thoracic spine MRI shows minor degenerative disc disease. There is no evidence of herniated nucleus pulposus.

PHYSICAL EXAMINATION: The claimant is 5' 7" tall and weighs 290 pounds. He is right handed. The claimant ambulates using a cane in his right hand.

Examination of the neck revealed no tenderness to palpation. There was no paracervical muscle spasm. The range of motion examination of the cervical spine revealed the active flexion to be 40, 40 and 40 degrees where as the T1 flexion was 2, 2 and 2 degrees. The maximum cervical flexion angle was 38 degrees. The cervical extension was 50, 50 and 50 degrees where as the T1 extension

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was 2, 2 and 2 degrees. The maximum cervical extension angle was 48 degrees. The cervical right lateral flexion was 40, 42 and 42 degrees where as the left lateral flexion was 30, 31 and 32 degrees. The cervical right rotation was 80, 82 and 82 degrees where as the left rotation was 76, 78 and 80 degrees.

Examination of the shoulders revealed no evidence of asymmetry. There was no deformity with reference to the AC joints.

The right shoulder range of motion revealed abduction/flexion 180 degrees, extension 50 degrees, adduction 50 degrees, internal and external rotation 90 degrees. The right upper extremity motor strength was 5/5. The active flexion of the right elbow was 135 degrees and the extension was full. The right arm reflexes were +2. The right hand grip strength was 100, 90 and 95 pounds on three consecutive testing. There was no motor or sensory neurological deficit in relation to the right upper extremity.

Examination of the left shoulder revealed no tenderness to palpation. The abduction/flexion was 90 degrees, the extension was 35 degrees and the adduction was 30 degrees. The internal/external rotation was 90 degrees. The left upper extremity motor strength was 5/5. The left elbow active flexion was 135 degrees and the extension was full. The left arm reflexes were +2. The range of motion of the left wrist and left hand fingers was full. The left hand grip strength was 55, 50 and 55 pounds. The claimant complained of left shoulder pain during left hand grip and in my opinion, it is invalid.

Examination of the thoracic and lumbar spine revealed no evidence of scoliosis or kyphosis. There was no paravertebral muscle spasm or tenderness. The range of motion examination of the thoracic spine revealed the active flexion to be 88, 88 and 88 degrees where as the T12 flexion was 35, 35

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and 35 degrees. The maximum thoracic flexion angle was 52 degrees. The thoracic right rotation was 50, 50 and 49 degrees where as the left rotation was 52, 52 and 48 degrees.

Examination of the lumbar spine revealed the T12 flexion to be 72, 72 and 74 degrees where as the sacral flexion was 31, 32 and 33 degrees. The maximum true lumbar flexion angle was 41 degrees. The lumbar extension was 30, 30 and 32 degrees where as the sacral extension was 4, 5 and 5 degrees. The maximum true lumbar extension angle was 27 degrees.

The straight leg raising in supine position on the right side was 20, 22 and 22 degrees where as the left side was 20, 18 and 18 degrees.

The lumbar right lateral flexion was 40, 40 and 41 degrees where as the left lateral flexion was 30, 32 and 30 degrees.

Examination of the lower extremities revealed the motor strength of hip flexion/extension, hip abduction, knee flexion/extension, ankle dorsiflexion/plantar flexion and great toe extension to be 5/5. The claimant was not asked to heel walk and toe walk as he would be unsteady due to obesity.

There was no sensory deficit in relation to the lower extremity and the patellar/Achilles reflexes were +1 bilaterally.

The straight leg raising in sitting position on the right side was 44, 48 and 48 degrees where as on the left side was 60, 70, 70 and 70 degrees.

The hip and sacroiliac test for pain were negative bilaterally.

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The distal pulses were felt and were normal bilaterally. The right thigh circumference measured 20 centimeters above the tibial tubercle was 71 centimeters and the right calf circumference measured 10 centimeters below the tibial tubercle was 48 centimeters. The left thigh circumference was 71.5 centimeters and the left calf circumference was 48 centimeters. The leg length could not be measured in supine position since the anterior superior iliac spine could not be felt due to obesity.

There was no obvious motor or sensory neurological deficit in relation to the lower extremities.

IMPRESSION:

- Status post compression fracture T1 vertebra (25% anterior height loss).
- Status post closed head injury.
- Status post cervical, thoracic and lumbar strain.
- Status post contusion left hip and ligamentous strain left knee.
- Status post contusion left rib cage with no residual symptoms.

DISCUSSION/CONCLUSION/RECOMMENDATION:

- 1) The claimant has reached maximum medical improvement with reference to all the above mentioned injuries.
The claimant will not benefit from any additional surgical/medical intervention.
- 2) The claimant has not worked since March, 2000 and he is receiving social security disability benefits. The claimant is not planning to return to the work force.
- 3) The permanent impairment as a consequence of the work related injuries is given below with details.

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There is no permanent impairment with reference to his left knee and left rib cage.

LEFT SHOULDER

As per Figure 38, Page 43, the claimant gets 6% upper extremity impairment for flexion of 90 degrees and 1% upper extremity for extension of 35 degrees.

As per Figure 41, Page 44, the claimant gets 4% upper extremity impairment for abduction of 90 degrees and 1% upper extremity impairment for adduction of 30 degrees.

7% combined with 5% is 12%.

As per Table 3, Page 20, 12% upper extremity impairment equals to 7% whole person impairment.

The Total Whole person Permanent Impairment for the left shoulder is 7%.

CERVICAL/THORACIC/LUMBAR SPINE

As per DRE Model, for the cervical spine the claimant falls under Category II and the permanent impairment is 5%, for the thoracolumbar spine the claimant falls under Category II and the permanent impairment is 5% (Tables 72 & 73, Page 110).

As per Range of Motion Model, Table 75, Page 113, for the cervical spine the claimant falls under Category II B and the permanent impairment is 4%, for the thoracic spine the claimant

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falls under Category I A and the permanent impairment is 2% and for the lumbar spine the claimant falls under Category II B and the permanent impairment is 5%.

Based on range of motion estimation the claimant gets 3% for the cervical spine, 0% for the thoracic spine and 4% for the lumbar spine.

There was no neurological deficit with reference to the cervical, thoracic or lumbar spine.

The Total cervical spine Impairment as per Range of Motion Model is 7%, for the thoracic spine is 2% and for the lumbar spine is 9%.

Please note that the claimant was not evaluated regards his bladder/urinary problems. In my opinion, they are unlikely to be related to his back injury.

Combining 9% of the lumbar spine with 7% of the cervical spine we get 15%. Combining 15% with 2% of the thoracic spine we get 17%.

Combining 17% of the total spine with 7% of the left shoulder we get 23%.

The Total Whole Person Permanent Impairment is 23%.

In my opinion, this thirty-one year old male is not totally and permanently disabled. In my opinion, the claimant should be able to take up sedentary type work. He may be able to take up higher category work depending upon the functional capacity evaluation with some restriction with reference to his left shoulder movement.

The claimant will greatly benefit from a weight reduction program.

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Disclaimer: The IME process was explained to the claimant and he understands that no patient/treating physician relationship exists between him and me. Only those parts of the body logically associated with the injury of the neck, back & shoulder dated 03/10/00 were assessed and this report cannot be construed as a comprehensive physical examination for any general health purpose.

The information contained within this report was obtained primarily from the patient by way of history and physical examination, but the available medical records were also reviewed as noted.

The conclusions reached in this report are my own acting in my capacity as an independent medical examiner in orthopaedic surgery. My opinions are not subjected to outside influences or agencies.

If there are any questions regarding this report or any points that require further clarification, please contact me.

Yours sincerely,



Joseph E. Fernandes, M.D.

JEF/bht
DT: 04/29/03

Reference: Guides to the Evaluation of Permanent Impairment, Fourth Edition, published by the American Medical Association.

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Figure 80. Spine Impairment Summary.

Name: CHRISTOPHER LESTER Soc. Sec. No.: [REDACTED] 3340 Date: 4/29/03

Impairment	Cervical or Cervicothoracic	Thoracic or Thoracolumbar	Lumbar or Lumbosacral	
1. Injury Model impairment <i>DRE Category</i>	<i>T72 II 5%</i>	<i>Thoracolumbar T74 5%</i>		<i>Page 111 Page 112</i>
2. Range of Motion Model Impairment				
a. Based on diagnosis (Table 64, pp. 85-86)	<i>II B 4%</i>	<i>IA 2%</i>	<i>II B 5%</i>	<i>Table 7: Page 113</i>
b. Based on range of motion	<i>3%</i>	<i>0%</i>	<i>4%</i>	
c. Neurologic system	<i>0%</i>	<i>0%</i>	<i>0%</i>	<i>Table 81 Page 130</i>
1. Loss of sensation				
2. Loss of strength				
3. Regional Impairment totals Combine impairments in each column using the Combined Values Chart (p. 322).	<i>7%</i>	<i>2%</i>	<i>9%</i>	
4. Total spine impairment (Combine regional impairments)			<i>17%</i>	

Left Knee 0%
 Left shoulder 7%

23% WPI

Combined Values
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[Signature]

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Figure 79. Lumbar Range of Motion (ROM)*

Name CHRISTOPHER LESTER Soc. Sec. No. ██████████ 3340 Date 4/29/03

Movement	Description	Range					
Lumbar Flexion	T12 ROM	72	72	74			
	Sacral ROM	31	32	33			
	True lumbar flexion angle	41	40	41			
	±10% or 5°?	(Yes) No					
	Maximum true lumbar flexion angle	41					
	% Impairment	41					
		Table 81 Page 128 chapter 3					
Lumbar Extension	T12 ROM	30	30	32			
	Sacral ROM	4	4	5			
	True lumbar extension angle	26	26	27			
	±10% or 5°?	(Yes) No					
	Maximum true lumbar extension angle	27					
	% Impairment						
		Table 81 Page 128 (Add sacral flexion and extension ROM and compare to tightest straight-leg-raising angle)					
Straight Leg Raising (SLR), Right	Right SLR	20	22	22			
	±10% or 5°?	(Yes) No					
	Maximum SLR right						
		(If tightest SLR ROM exceeds sum of sacral flexion and extension by more than 15°, lumbar ROM test is invalid)					
Straight Leg Raising, Left	Left SLR	20	18	18			
	±10% or 5°?	(Yes) No					
	Maximum SLR Left						
		(If tightest SLR ROM exceeds sum of sacral flexion and extension by more than 15°, lumbar ROM test is invalid)					
Lumbar Right Lateral Flexion	T12 ROM	40	40	41			
	Sacral ROM	0	0	0			
	Lumbar right lateral flexion angle	40	40	41			
	±10% or 5°?	(Yes) No					
	Maximum lumbar right lateral flexion angle	41					
	% Impairment	0%					
		Table 82 Page 130 chapter 3					
Lumbar Left Lateral Flexion	T12 ROM	30	32	30			
	Sacral ROM	0	0	0			
	Lumbar left lateral flexion angle	30	32	30			
	±10% or 5°?	(Yes) No					
	Maximum lumbar left lateral flexion angle	30					
	% Impairment	0%					
		Table 82 Page 130					
Lumbar Ankylosis in Lateral Flexion	Position						
	% Impairment						
		(Excludes any impairment for abnormal flexion or extension motion)					
Total lumbar range of motion and ankylosis* impairment		4					%

*If ankylosis is present, combine the ankylosis impairment with the range of motion impairment (Combined Values Chart, p. 322). If ankylosis in several planes are present, combine the ankylosis estimates (Combined Values Chart), then combine the result with the range of motion impairment.

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Figure 77. Cervical Range of Motion (ROM)*

Name CHRISTOPHER LESTER Soc. Sec. No. [REDACTED] 3340 Date 4/29/03

Movement	Description	Range
Cervical Flexion	Occipital ROM	40 40 40
	T1 ROM	2 2 2
	Cervical flexion angle	38 38 38
	±10% or 5°?	Yes No
	Maximum cervical flexion angle	38
% Impairment	11%	Table 76 Page 118 chapter 3
Cervical Extension	Occipital ROM	50 50 50
	T1 ROM	2 2 2
	Cervical extension angle	48 48 48
	±10% or 5°?	Yes No
	Maximum cervical extension angle	48
% Impairment	11%	Table 76 Page 118 chapter 3
Cervical Ankylosis in Flexion/Extension	Position % Impairment	(Excludes any impairment for abnormal flexion or extension motion)
Cervical Right Lateral Flexion	Occipital ROM	40 42 42
	T1 ROM	0 0 0
	Cervical right lat flexion angle	40 42 42
	±10% or 5°?	Yes No
	Maximum cervical right lat flexion angle	42
% Impairment	0%	Table 77 Page 120 chapter 3
Cervical Left Lateral Flexion	Occipital ROM	30 31 32
	T1 ROM	0 0 0
	Cervical left lat flexion angle	30 31 32
	±10% or 5°?	Yes No
	Maximum cervical left lat flexion angle	32
% Impairment	16%	Table 77 Page 120 chapter 3
Cervical Ankylosis in Lateral Flexion and Extension	Position % Impairment	(Excludes any impairment for abnormal lateral flexion or extension motion)
Cervical Right Rotation	Cervical right rotation angle	80 82 82
	±10% or 5°?	Yes No
	Maximum cervical right rotation angle	82
% Impairment	0%	Table 78 Page 122 chapter 3
Cervical Left Rotation	Cervical left rotation angle	76 78 80
	±10% or 5°?	Yes No
	Maximum cervical left rotation angle	80
% Impairment	0%	Table 78 Page 122 chapter 3
Cervical Ankylosis in Rotation	Position % Impairment	(Excludes any impairment for abnormal rotation)
Total cervical range of motion and ankylosis* impairment		3%

*If ankylosis is present, combine the ankylosis impairment with the range of motion impairment (Combined Values Chart, p. 522). If ankylosis in several planes are present, combine the estimates (Combined Values Chart), then combine the result with the range of motion impairment.

[Signature] M.D.

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Figure 78. Thoracic Range of Motion (ROM)*

Name CHRISTOPHER LESTER Soc. Sec. No. 3340 Date 04/29/03

Movement	Description	Range
Angle of Minimum Kyphosis (Thoracic Ankylosis in Extension)	T1 reading	XXXX XXXX XXXX XXXX XXXX
	T12 reading	XXXX XXXX XXXX XXXX XXXX
	Angle of minimum kyphosis	XXXX XXXX XXXX XXXX XXXX
	% Impairment due to thoracic ankylosis	(Use larger of either ankylosis or flexion impairment)
Thoracic Flexion	T1 ROM	88 88 88
	T12 ROM	35 35 35
	Thoracic flexion angle	53 53 53
	± 10% or 5°?	Yes No
	Maximum thoracic flexion angle	53
	% Impairment	01
Thoracic Right Rotation	T1 ROM	50 50 49
	T12 ROM	Supine
	Thoracic right rotation angle	Supine
	± 10% or 5°?	Yes No
	Maximum thoracic right rotation angle	50
	% Impairment	01
Thoracic Left Rotation	T1 ROM	52 52 48
	T12 ROM	Supine
	Thoracic left rotation angle	Supine
	± 10% or 5°?	Yes No
	Maximum thoracic left rotation angle	52
	% Impairment	01
Thoracic Ankylosis in Rotation	Position	
% Impairment		(Excludes any impairment for abnormal flexion or extension motion)
Total thoracic range of motion and ankylosis* impairment <u>01</u> %		

*If ankylosis is present, combine the ankylosis impairment with the range of motion impairment (Combined Values Chart, p. 322).
 If ankylosis in several planes are present, combine the ankylosis estimates (Combined Values Chart), then combine the result with the range of motion impairment.

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The Musculoskeletal System

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Figure 1. Upper Extremity Impairment Evaluation Record-Part 2 (Wrist, elbow, and shoulder)

CHRISTOPHER LESTER Age 31 Sex ☒ M ☐ F Dominant hand ☒ R ☐ L Date 4-29-03

Occupation _____ Diagnosis _____

Abnormal motion					Other disorders	Regional Impairment %	Amputation	
Record motion, ankylosis and impairment %					List type & impairment %	+ Combine (1) + (2)	Mark level & impairment %	
Wrist	Flexion	Extension	Ankylosis	IMP%				
	Angle*							
	IMP%							
	AD	UD	Ankylosis	IMP%				
Elbow	Flexion	Extension	Ankylosis	IMP%				
	Angle*							
	IMP%							
	Pro	Sup	Ankylosis	IMP%				
Shoulder	Flexion	Extension	Ankylosis	IMP%				
	Angle*	90	35					71
	IMP%	6%	1%					
	Add	Abd	Ankylosis	IMP%				
	Angle*	30	90					5%
	IMP%	1%	4%					
	Int Rot	Ext Rot	Ankylosis	IMP%				
	Angle*	90	90					0%
	IMP%	0%	0%					
	Add IMP% F/E + Add/Abd + IR/ER = 12% (1) IMP% = (2)							IMP%

Fig 26 pg 3/36 Flex-Ext

Fig 29 pg 3/38 Ulnar/Rad dev.

Fig 32 pg 3/40 Flex-Ext

Fig 35 pg 3/41 Pron-Sup

Fig 38 pg 3/43 Flex-Ext

Fig 41 pg 3/44 Add-Abd

Fig 44 pg 3/45 IR-ER

I. Amputation impairment (other than digits)	
II. Regional impairment of upper extremity (Combine hand _____ % + wrist _____ % + elbow _____ % + shoulder _____ %)	
III. Peripheral nerve system impairment	
IV. Peripheral vascular system impairment	
V. Other disorders (not included in regional impairment)	
Total upper extremity impairment (+ Combine I + II + III + IV + V)	12/6
Impairment of the whole person (Use Table 3 p. 20)	7%

If both limbs are involved, calculate the whole-person impairment for each on a separate chart and combine the percents (Combined Values Chart).

Christopher Lester

March 26, 2003

Jim Haas
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RE: Christopher W. Lester
Claim #: 20-46841
S.S.N.: [REDACTED] 3340
DOI: 3/10/2000

PTD/IME
Part 2 of 2

Dear Mr. Haas,

Enclosed, please find a copy of the comprehensive functional capacity evaluation (FCE) performed by Bobbi Jo Chapman, OTR/L, CHT of HPT Physical Therapy Specialists.

DISCREPANCIES:

The following discrepancies were noted:

- Inconsistent effort with grip strength testing of the right hand.
- Inconsistent effort with grip strength testing of the left hand.
- Inconsistent effort with static leg lift test.
- Failed Waddell's Non-Organic Signs.
- Inconsistencies between functional abilities and manual muscle testing results. He demonstrated inability to perform squat when asked to perform activity alone, but is able to achieve full squat when attempting floor lift.

RESULTS:

Mr. Lester exhibits a generalized weakness in abdominal, lumbar, and bilateral lower extremities musculature. He presents with moderate range of motion deficits in the lumbar spine. He is unable to safely lift from the floor due to inability to lift body weight alone from a squat to an erect position. He carries 20 pounds repeatedly from waist height to waist height. He lifts 66 pounds statically (static leg lift). Forty percent of maximum static lifting (26 pounds) is the expected maximum for an eight-hour workday and should be similar to his dynamic lifting ability. He has poor body mechanics and poor posture.

CLINICAL IMPRESSION:

At the time of the evaluation, I believe Mr. Lester is capable of a Light work classification, on a horizontal level only, carrying up to 20 pounds infrequently, and 10 pounds on a frequent basis when working in a safe environment and using proper body mechanics.

If you have any questions or need additional information, please do not hesitate to contact us.

Sincerely;

Bobbi Jo Chapman, OTR/L, CHT
Bobbi Jo Chapman, OTR/L, CHT
WV Lic # 502

Page 1 of 2

Patient Lester Chris W Medical
 Last Name First Name M.I. Record #

MADISON MEDICAL PLLC
Authorization for Use and Disclosure of Health Information

Part One: PATIENT'S AUTHORIZATION (All entries in this section must be completed fully)

1. Chris Lester (name of patient or patient's representative),
 Hereby authorize the use or disclosure of my individually identifiable health information as described in this form.

1. Identify person(s) (or class of person's) authorized to provide the information: _____

2. April Lester (class of persons) authorized to receive the information: _____

3. Provide a specific description of the type of information to be used or disclosed (including dates). Mark only those choices that apply:

____ Any of my individually identifiable health information needed to provide adequate health care.

____ Psychotherapy notes (notes taken by a mental health professional or group, documenting or analyzing conversation from a counseling session. A summary of diagnosis, functional status, the treatment plan, symptoms, prognosis, and progress to date is NOT psychotherapy notes).

____ Acquired immunodeficiency syndrome (AIDS)/ Human immunodeficiency virus (HIV) infection.
 (Indicate time period for which the release is to be effective) _____

____ Other: (Please specify) PX

Part Two: NOTIFICATION OF YOUR RIGHTS AS A PATIENT (or patient's representative)

1. You have the right to revoke this authorization prior to the above stated event, except to the extent Madison Medical, PLLC has already taken action in reliance on this authorization. If the authorization was obtained as a condition of obtaining insurance coverage, the insurer will have a right to contest a claim under the policy. The revocation will not be effective until it has been received by the Privacy Officer. To revoke this authorization, a written revocation must be submitted to our Privacy Officer at:

Privacy Officer
 Madison Medical, PLLC
 705 Madison Ave.
 Madison, WV 25130

500688.015.0238

Page 2 of 2

Patient _____ Medical
 Last Name First Name M.I. Record# _____

Madison Medical, PLLC
Authorization for Use and Disclosure Of Health Information

2. Madison Medical, PLLC may not condition your treatment, payment, enrollment, or eligibility for benefits on the signing of this form, unless the health care is solely for the purpose of creating health care information for disclosure to a third party (i.e. a pre-employment physical or research-related care.)

3. You may refuse to sign this Authorization.

4. Information used or disclosed pursuant to this Authorization may be subject to redisclosure by the recipient and may no longer be protected by the Federal Privacy Standards.

Sign below indicate that you agree to release Madison Medical, PLLC, its health care providers, officers, and other personnel from any legal responsibility or liability for disclosure of the above described information to the extent indicated and authorized herein, have read all two pages of this Authorization and agree with its terms.

Chris Leath

Signature of patient or patient's representative
 Printed name of patient or patient's
 representative: _____

4-18-3

Date

If signed by the patient's representative the relationship to the patient and description of representative's authority to act for the individual MUST be provided: _____

Initial below to indicate you have received a signed copy of this form:
 Patient(Or patient's representative's) Initials: _____

500688.015.0239



MADISON MEDICAL, PLLC
705 Madison Avenue • Madison, WV 25130
Phone (304) 369-5170 • Fax (304) 369-1742

Robert B. Atkins, M.D.
Family Practice

John Mark Snyder, D.O.
General Practice

Ron D. Stollings, M.D.
Internal Medicine, Geriatrics

Barbara J. Koster, MSN-RNC
Nurse Practitioner

FAX COVER SHEET

TO: Workus Comp

FROM: Debitin / Dr. John Snyder

RE: Chris Lester

NUMBER OF PAGES INCLUDING COVER SHEET 3

DATE: 8/27/03

ADDITIONAL
COMMENTS: Rx Auth

The documents accompanying this facsimile transmission contain patient protected health information belonging to the sender. In compliance with the Health Insurance Portability and Accountability Act, if you receive this transmission in error, you are hereby notified that any disclosure, copying, distributions or taking of information is strictly prohibited. If you received this in error please notify us by telephone at 304-369-5170 to arrange the return of the original documents to us, Thank You.

FAXED
8/27/03
D

500688.015.0240

MADISON MEDICAL, PLLC
705 MADISON AVE
MADISON, WV 25130
304-369-5170
FAX 304-369-1742

WV WORKERS COMPENSATION
P.O. BOX 431
CHARLESTON, WV 25322-0431

TO WHOM IT MAY CONCERN:

Please authorize the purchase of the following medications for this patient for the treatment of his/her compensable injury.

Sincerely,

Debbie Hopkins, MA

Debbie Hopkins, MA

Physician: *Dr. John M Snyder*

Patient: *Christopher Lester*

SSN: *[REDACTED] 3340*

Claim Number: *2000046841*

DOI: *3-10-00*

RX needed

Percoet 5/325 : T10

Vioxx 25mg : QD

For the treatment of: *847.0, 847.1, 847.2, 959.01*
296.23

FAXED
8/27/01

500688.015.0241

Claim # 2000046841

Christopher Lester
Wt 302 P 92

DOB [REDACTED] 71

7/18/03

S-In for f/u and states he is doing about the same, although he thinks he may be a little better with the Vioxx in terms of his low back and shoulder pain.

O-Exam - obese, vitals are stable. He has diminished ROM on elevation of the shoulder, somewhat stiff. LS tenderness is present. SLR creates pain with any attempt.

A-Chronic LBP. Chronic shoulder pain.

P-Maintain meds as outlined, rx written, continue Vioxx he needs to come in for fasting lipids in regard to his other problems. Needs to lose wt. Maintain other physician f/u and see him back in several mo

John M. Snyder, D. O./bjw

Ry-01/03

FAXED
8/27/03
Q

500688.015.0242

P. 1

* * * Transmission Result Report (MemoryTX) (Jul. 3. 2003 3:37PM) * * *

File No. Mode	Destination	Pg(s)	Result	Page Not Sent
8600 Memory TX	13049266092	P. 4	OK	

Reason for error
 E.1) Hang up or line fail
 E.3) No answer

E.2) Busy
 E.4) No facsimile connection



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Robert B. Atkins, M.D.
 Family Practice

John Mark Snyder, D.O.
 General Practice

FAX COVER SHEET

Ron D. Stollings, M.D.
 Internal Medicine, Geriatrics

Barbara J. Keaton, MSN-RNC
 Nurse Practitioner

TO: Workers Comp
 FROM: Debbie / Dr. John Snyder
 RE: Chris Foster

NUMBER OF PAGES INCLUDING COVER SHEET _____

DATE: 7/3/03

ADDITIONAL
 COMMENTS: _____

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Robert B. Atkins, M.D.
Family Practice

Ron D. Stollings, M.D.
Internal Medicine, Geriatrics

John Mark Snyder, D.O.
General Practice

FAX COVER SHEET

Barbara J. Koster, MSN-RNC
Nurse Practitioner

TO: Workers Comp
FROM: Debbie / Dr. John Snyder
RE: Chris Lester

NUMBER OF PAGES INCLUDING COVER SHEET _____

DATE: 7/3/03

ADDITIONAL
COMMENTS: _____

The documents accompanying this facsimile transmission contain patient protected health information belonging to the sender. In compliance with the Health Insurance Portability and Accountability Act, if you receive this transmission in error, you are hereby notified that any disclosure, copying, distributions or taking of information is strictly prohibited. If you received this in error please notify us by telephone at 304-369-5170 to arrange the return of the original documents to us, Thank You.

RECEIVED
7/3/03
P

500688.015.0244

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705 MADISON AVE
MADISON, WV 25130
304-369-5170
FAX 304-369-1742

WV WORKERS COMPENSATION
P.O. BOX 431
CHARLESTON, WV 25322-0431

TO WHOM IT MAY CONCERN:

Please authorize the purchase of the following medications for this patient for the treatment of his/her compensable injury.

Sincerely,

Debbie Hopkins, MA
Debbie Hopkins, MA

Physician: *John M. Snyder*

Patient: *Chris Lester*

SSN: *[REDACTED] 3340*

Claim Number: *2000046841*

DOI: *3-10-00*

RX needed

Vioxx 25 i QD

Percocet 5/325 iTID

For the treatment of: *847.0, 847.1, 847.2*
959.01 296.23

FILED
7/3/03
(P)

500688.015.0245

Claim # 2000046841

Christopher Lester
Wt 284

DOB [REDACTED] 71
HT 5'7"

5/7/03

S-In for f/u and doing about the same, still has a considerable amt of LBP and left shoulder pain though it has improved some. He states he has been evaluated through a physician in Pittsburgh for GBS and he is having further work up by them. He apparently recently has had a comp examination I am assuming this is functional capacity exam or IME, more likely an IME from what he describes.

O-Exam - no apparent distress. Ambulatory. Limited internal and external rotations of the left shoulder, pain at extremes. Low back exam shows no gross tenderness. SLR is positive at extremes. DTR's are diminished.

A-Chronic low back and shoulder pain, history of compensable injury.

P-Maintain meds he needs to come in for fasting lipids sometime in regards to his Lipitor. Maintain other phys f/u. I will see him back in a few mo.

John M. Snyder, D. O./bjw

for 5-9-03

FAKED
2/3/03
(P)

14

Claim # 2000046841

Christopher Lester
Wt 280

DOB [REDACTED]/71
P 88

1/28/03

S-In for f/u. He still has shoulder and back pain, doesn't seem to be quit to the degree it was previously. Not complained about the decreasing Oxycontin. He did have several teeth pulled.

O-Exam- no distress. ambulatory, improved ROM of the shoulder. SLR creates significant pain on the left. Neuro is intact.

A-Chronic low back and shoulder pain

P-Decrease Oxycontin to 20 BID, add Vioxx 25 1 daily and maintain other meds and f/u in a few wks.

John M Snyder, D. O./bjw

9-28-03

FAXED
9/30/03

Bjw

2003/04/22 12:40:23

RECORDTRAK REPRINT

Page:2/5



THE TRACK RECORD OF SUCCESS



* 1 0 4 9 4 6 . 1 *

501 Allendale Road
King of Prussia, PA 19406
Phone: (800) 220-1291

Fax: (610) 354-8946

April 22, 2003

Re: CHRISTOPHER . LESTER

SECOND REQUEST

MADISON MEDICAL GROUP (DR. SNYDER,
MEDS)
705 MADISON AVE.
MADISON, WV 25130

SS#: [REDACTED]-3340
DOB: [REDACTED]/71 DOD: / /
RT FILE #: 104946 TAG# 1

Dear Record Custodian:

Attached is an authorization requiring you to furnish *RECORDTRAK* with the following materials on or before April 22, 2003:

1. ALL MEDICAL RECORDS IN YOUR POSSESSION. INCLUDE OFFICE AND HAND WRITTEN NOTES, TEST RESULTS, CORRESPONDENCE, QUESTIONNAIRES/HISTORY AND RECORDS RECEIVED BY OTHER PHYSICIANS. PLEASE ALSO INCLUDE THE PATIENT'S INFORMATION SHEET.
INCLUDING RECORDS OF DR. MARK SNYDER

Before copying and/or invoicing, call or fax *RECORDTRAK* with a page count and pricing for approval.

Please include your federal tax id number on all invoices.

Refer to File # 104946 Tag 1 in any correspondence.

Very Truly Yours,

RecordTrak Representative

Phone: (800) 220-1291

Llamadas en espanol, marque 800-496-4788

PLEASE SIGN ATTACHED CERTIFICATION(S)

IF YOU HAVE ALREADY SENT THE REQUESTED MATERIALS, PLEASE DISREGARD THIS LETTER.

4/15/03 spoke = Gloria OK up to \$400.00
still need records/16

500688.015.0248

2003/04/22 12:40:24

RECORDTRAK REPRINT

Page: 4/5

To: MADISON MEDICAL GROUP (DR. SNYDER,
MEDS)
705 MADISON AVE.
MADISON, WV 25130

APR 08 2003 12:02 FR COHEN MILSTEIN

RECORDTRAK

501 Allendale Road
King of Prussia, PA 19406

TD 1511:40045916109 P.03/03

10494601

**Law Offices
COHEN, MILSTEIN, HAUSFELD & TOLL, P.L.L.C.**

RE: Christopher Lester
DOB: [REDACTED] 71
SSN: [REDACTED] 3340

AUTHORIZATION TO RELEASE INFORMATION

THE UNDERSIGNED HEREBY AUTHORIZES any physician, hospital, medical attendant, nurse, ambulance owner or others to furnish to the law firms of Cohen, Milstein, Hausfeld & Toll, L.L.P., or any representative thereof any and all information or opinions which they may request regarding any medical history, physical and/or mental condition and treatment rendered therefor and/or mental, psychiatric, or psychological condition or treatment, and to allow them or a representative thereof, to see or copy any x-rays or records which you may have regarding my condition and treatment. My said attorneys have been retained by me to prosecute a claim for me against the person, firm or corporation responsible for my injuries and against the insurance carriers of said parties, and your full cooperation with my attorneys is respectfully requested.

You are further requested to disclose no information to any other attorneys, insurance adjuster or representative or any other person, firm or corporation without my written consent (pursuant to privilege and confidential communication statutes).

A photocopy of this authorization shall have the same force and effect as the original.

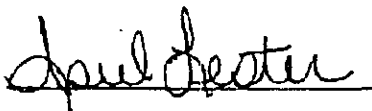
ALL PRIOR AUTHORIZATIONS ARE HEREBY CANCELED.

I hereby waive any privilege which I may have to said information to my attorneys.

DATED this 12 day of March, 2003


Christopher Lester

WITNESS:



113262v1

APRIL 22, 2003

500688.015.0249

2003/04/22 12:40:23

RECORDTRAK REPRINT

Page: 3/5

DEPONENT: MADISON MEDICAL GROUP (DR. SNYDER, MEDS) (TAG

1)

RECORDS PERTAIN TO: CHRISTOPHER LESTER

DATE OF BIRTH: 71

SOCIAL SECURITY #: 3340

RECORDTRAK FILE #: 104946

RECORD IDENTITY: 1. ALL MEDICAL RECORDS IN YOUR POSSESSION. INCLUDE OFFICE AND HAND WRITTEN NOTES, TEST RESULTS, CORRESPONDENCE, QUESTIONNAIRES/HISTORY AND RECORDS RECEIVED BY OTHER PHYSICIANS. PLEASE ALSO INCLUDE THE PATIENT'S INFORMATION SHEET. **INCLUDING RECORDS OF DR. MARK SNYDER**

SECTION I CERTIFICATION OF CUSTODIAN OF RECORDS

I, the undersigned, being the duly authorized custodian of records or other qualified witness, and having the authority to certify the attached records declare the following: The attached records were prepared by the personnel of this business in the ordinary course of business at or near the time of the act, condition or event, and that

- A. ☐ __ page(s) of the original records described was made available to the attorney's representative for copying at our place of business.
- B. ☒ A true, legible and durable copy of 516 page(s) of the described records was delivered to the attorney's representative, and that the entries in the attached records are entries made by company personnel with actual knowledge or with knowledge from a report regularly made by a person under a business duty to so report.

I DECLARE, UNDER PENALTY OF PERJURY, THAT THE FOREGOING IS TRUE AND CORRECT.

Executed on (date) 6/9-03 at (city,state) Madison, NV
 Signature Freda Batts Print Name Freda Batts

SECTION II CERTIFICATION OF NO RECORDS

A thorough search of our files, carried out under my direction revealed no documents, records or other materials called for in the subpoena or authorization, for the following reason:

- ☐ All records for the time period in question have been destroyed in accordance with our document retention policy which is __ years.
- ☐ Our records are the same as _____.
- ☐ Original records are in the possession of _____.
- ☐ A thorough search has been performed and no such records were found. ☐ Please check box to indicate that all A.K.A.'s were researched.
- ☐ (other) _____

I DECLARE, UNDER PENALTY OF PERJURY, THAT THE FOREGOING IS TRUE AND CORRECT.

Executed on (date) _____ at (city,state) _____
 Signature _____ Print Name _____

PLEASE SIGN ATTACHED CERTIFICATION(S)

500688.015.0250

2003/04/22 12:40:24

RECORDTRAK REPRINT

Page:5/5

To: MADISON MEDICAL GROUP (DR. SNYDER
MEDS)
705 MADISON AVE.
MADISON, WV 25130

RECORDTRAK
501 Allendale Road
King of Prussia, PA 19406

FMT 03 2002 14:29 FR COHEN MILSTEIN

TU 151114002316109 P.05/09

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LINDA R. NUSSBAUM**

MARGARET G. FARRELL
MARLENE F. GIBBONS
CHERYL M. MACKELL
OF COUNSEL

JERRY S. COHEN (1920-1995)

1100 NEW YORK AVENUE, N.W.
WEST TOWER, SUITE 500
WASHINGTON, D. C. 20005-3964

408 408-4800
FACSIMILE 1202 408-4898

600 THIRD AVENUE
SUITE 3600

SEATTLE, WA 98104

1200 521-0080
FACSIMILE 1200 521-0188

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NEW YORK, NY 10022-7519

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JOSHUA S. DEVORE**

*ADMITTED ONLY IN WA
*ADMITTED ONLY IN VA
*ADMITTED ONLY IN NY
*ADMITTED ONLY IN NC

SENDER'S DIRECT DIAL

May 20, 2002

ATTENTION: CUSTODIAN OF RECORDS

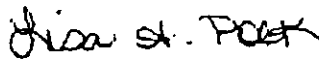
RE: CHRISTOPHER LESTER

LETTER OF REPRESENTATION

Dear Custodian of Records:

This is to inform you that Cohen Milstein Hausfeld & Toll, P.L.L.C. represents patient CHRISTOPHER LESTER relating to his/her use of the drug OxyContin. We hereby authorize Record Trak, 501 Allendale Rd., King of Prussia, PA 19406, to retrieve any and all requested records from you on behalf of our client. Enclosed is a medical release Authorization form signed by the patient named above.

Sincerely yours,



Lisa A. Polk

cnc.

APRIL 22, 2003

500688.015.0251

MADISON MEDICAL, PLLC
705 MADISON AVENUE
MADISON, WV 25130
PHONE (304) 369-5170
FAX (304) 369-1742

Date: 5/8/03

WV WORKER'S COMPENSATION
P.O. BOX 431
CHARLESTON, WV 25322-0431

TO WHOM IT MAY CONCERN:

Please authorize the purchase of the following medications for this patient for the treatment of his/her compensable injury.

Sincerely,

Dublin
Physician: Dr. John Snyder

Patient: Christopher Lester

SSN: [REDACTED] 3340

Claim No.: 2000046841 DOI: 3-10-00

RX'S: Percoat 5/325 i TID prn

For the treatment of: 847.0, 847.1, 847.2, 959.01
296.23

Typed
5/8/03
(1)

500688.015.0252



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Family Practice

Ron D. Stollings, M.D.
Internal Medicine, Geriatrics

John Mark Snyder, D.O.
General Practice

Barbara J. Koster, MSN-RNC
Nurse Practitioner

FAX COVER SHEET

TO: Workers Comp
FROM: Debbie / Dr. John Snyder
RE: Christopher Lester

NUMBER OF PAGES INCLUDING COVER SHEET: 2

DATE: 5/8/03

ADDITIONAL COMMENTS: _____

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P. 1

* * * Transmission Result Report (Memory TX) (Feb. 28. 2003 3:14PM) * * *

File No. Mode	Destination	Pg(s)	Result	Page Not Sent
0122 Memory TX	13049266092	P. 2	OK	

Reason for error
 E. 1) Hang up or line fall
 E. 3) No answer

E. 2) Busy
 E. 4) No facsimile connection



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John Mark Snyder, D.O.
 General Practice

Ron D. Stollings, M.D.
 Internal Medicine, Geriatrics

Barbara J. Koster, MSN-RNC
 Nurse Practitioner

FAX COVER SHEET

TO: Workers Comp
 FROM: Debbie / Dr. J. M. Snyder
 RE: Christopher Lester
 NUMBER OF PAGES INCLUDING COVER SHEET: 2
 DATE: 2/28/03
 ADDITIONAL COMMENTS: Rx Auth

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500688.015.0254

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705 MADISON AVENUE
MADISON, WV 25130
PHONE (304) 369-5170
FAX (304) 369-1742

Date: 2/28/03

WV WORKER'S COMPENSATION
P.O. BOX 431
CHARLESTON, WV 25322-0431

TO WHOM IT MAY CONCERN:

Please authorize the purchase of the following medications for this patient for the treatment of his/her compensable injury.

Sincerely,

Dr. J. M. Snyder
Physician: Dr. J. M. Snyder

Patient: Christopher Lester

SSN: [REDACTED] - 3340

Claim No.: 2000046841 DOI: 3-10-00

RX'S: Percocet 5/325 $\dot{\bar{1}}$ TID prn
Vioxx 25mg $\dot{\bar{1}}$ QD
Oxycontin 20mg $\dot{\bar{1}}$ TID

For the treatment of: 847.0, 847.1, 847.2, 959.01, 296.23

P. 1

* * * Transmission Result Report (MemoryTX) (Jan. 2. 2003 12:08PM) * * *

File No. Mode	Destination	Pg(s)	Result	Page Not Sent
6650 Memory TX	13049266092	P. 2	OK	

Reason for error
 E.1) Hang up or line fall
 E.3) No answer

E.2) Busy
 E.4) No facsimile connection



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Robert B. Atkins, M.D.
 Family Practice

John Mark Snyder, D.O.
 General Practice

Ron D. Scollings, M.D.
 Internal Medicine, Geriatrics
 Barbara J. Koster, MSN-RNC
 Nurse Practitioner

FAX COVER SHEET

TO: Warner Comp
 FROM: Delina / Dr. John Snyder
 RE: Christopher Lester

NUMBER OF PAGES INCLUDING COVER SHEET: 2

DATE: 1-2-03

ADDITIONAL COMMENTS:

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Robert B. Atkins, M.D.
Family Practice

Ron D. Stollings, M.D.
Internal Medicine, Geriatrics

John Mark Snyder, D.O.
General Practice

Barbara J. Koster, MSN-RNC
Nurse Practitioner

FAX COVER SHEET

TO: Workers Comp
FROM: Debbie / Dr. John Snyder
RE: Christopher Lester

NUMBER OF PAGES INCLUDING COVER SHEET: 2

DATE: 1-2-03

ADDITIONAL COMMENTS: _____

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MADISON MEDICAL, PLLC
705 MADISON AVENUE
MADISON, WV 25130
PHONE (304) 369-5170
FAX (304) 369-1742

Date: 1-2-03

WV WORKER'S COMPENSATION
P.O. BOX 431
CHARLESTON, WV 25322-0431

TO WHOM IT MAY CONCERN:

Please authorize the purchase of the following medications for this patient for the treatment of his/her compensable injury.

Sincerely,

Delelin

Physician:

Dr. John Snyder

Patient:

Christopher Lester

SSN:

[REDACTED] 3340

Claim No.:

2000046841

DOI:

3-10-00

RX'S:

Oxycontin 20mg : TID

Medication Change in dosage

For the treatment of: 847.0, 847.1, 847.2, 959.01
296.23

500688.015.0258

MADISON MEDICAL, PLLC
705 MADISON AVENUE
MADISON, WV 25130
(304) 369-5170 FAX (304) 369-1742

PATIENT NAME Chris Lester ACCT # 49564

DX: med

AUTHORIZATION # Work Comp

REFERRING DOCTOR 3

PHONE # 369-6657 CONTACT NAME _____

REQUEST FOR: * f/u for med check
per 12/19/02 call-in

SCHEDULED WITH Dr. Sabbenka

DATE/TIME Dec. 18, 2002 925-3535

RECORDS: 2:15pm
☒ SENT BY MAIL
☒ FAXED
☐ GIVEN TO PT TO HAND DELIVER

12/12/02 PT WAS NOTIFIED OF DATE, TIME AND ANY SPECIAL INSTRUCTIONS.

P. 1

* * * Transmission Result Report (MemoryTX) (Dec. 4. 2002 11:15AM) * * *

file No. Mode	Destination	Pg(s)	Result	Page Not Sent
236 Memory TX	13049266092	P. 2	OK	

Reason for error
E.1) Hang up or line fail
E.3) No answer

E.2) Busy
E.4) No facsimile connection



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